

Consolidated Edison Company of New York, Inc. 4 Irving Place New York NY 10003 www.conEd.com

April 20, 2016

U.S. Environmental Protection Agency Asbestos Control 290 Broadway – 21st Floor New York, New York 10007

Project Location:

Con Edison

Flushing Tunnel

34-30 College Point Boulevard

Flushing, NY

To Whom It May Concern:

This is to inform you that the asbestos abatement project referenced above is hereby postponed until further notice, due to external scheduling issues.

An amended notification will be sent once a new start date is established.

A copy of the notification is attached for your reference.

If you should have any questions concerning this project, please call me in the office at 212-460-1132.

Sincerely,

William H. Morrison

Senior Specialist

Asbestos Response Team

Willey Hones

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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Proje	ect#	Postmark #	Date I	Received	Notifica	ation#	- 25 - 92 - 5 - 5	i už i	
TYPE OF N	OTIFICATION (O- O	riginal R-Revised C-Cancelle	d):	Origin	al	* * * U =			
I. FACILITY	FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)								
OWNER N	OWNER NAME : Con Edison Co. of NY, Inc.								
address:	address: 4 Irving Place								
City:	New York			State: NY	Z	ip: 100	003-3502		
Contact:	William Morri	son			T	el: 21	2 /46 011	32	
REMOVA	REMOVAL CONTRACTOR: WRS Environmental Services, Inc.								
Address:									
City	Yaphank			State: NY	7 7	ip: 11	980		
Contact:	Willis, Tom			1	Т	el: 63	1 924 8111	la realis	
OTHER O	PERATOR:	73.							
address:						72/16	- Alexandra V		
City:				State:	7	ip:			
Contact:			*		r	el:		- America	
II. TYPE OF C	OPERATION (D-Dem	o O-Ordered Demo R-Reno	vation E-Eme	er. Renovation):		R		1" 15	
V. IS ASBEST	OS DDESENT? (Vac	/No) Y							
V. FACILITY	FACILITY DESCRIPTION (Including building name, number and floor or rom number)								
Bldg Nam	Bldg Name: Flushing Tunnel								
Address:	Address: 34-30 College Point Blvd.								
City Flushing State: NY County: Queens									
Site Locat	Site Location:								
Building S	ize: 400	# of Floor	s: 1		A	ge in Years:	in Years: 86		
Present Us									
OF ASBES' Survey rep	FOS MATERIAL :	ALYTICAL METHOD, IF A	PPROPRIATE	E, USED TO DE	TECT THE PRE	SENCE			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed		1	Nonfriable Asbestos Market Not To Be Remove						
	y II ACM Not Remove				UNIT				
Pipes		CONTRACTOR	0	0	0	LnFt	: 🗸	Ln m:	
Surface A	rea		190	0	0	SqFt	: 🗸	Sq m:	
Vol RACN	off Facility Compone	nt	0	0	0	CuFt		Cu m:	
VIII. SCHEDUI	LED DATES ASBESTO	OS REMOVAL (MM/DD/YY) Start:	(04/28/2016	(Complete:	03/31/2017	

NOTIFICATION OF DEMOLITION AND RENOVATION

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TOBE USED:						
	Removal of ACM soil and roof flashing						
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:						
		ariance procedure and exterior vertical surface					
XII.		NSPORTER #1					
	Name :	WRS, Inc.					
	address:	17 Old Dock Road					
	City:	Yaphank	State: NY	Zip:	11980		
	Contact:			Tel:	631 924 8111		
	WASTE TRA	ANSPORTER #2					
	Name:						
	address:						
	City:		State:	Zip:			
	Contact:			Tel:			
XIII	WASTE DIS	POSAL SITE					
	Name: High Acres						
	address:	425 Perrinton Parkway					
	City:	Fairport	State: NY	Zip:	14450		
	Tel:	716 223 6132					
XIV	. IF DEMOLI	TION ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AC	GENCY BELOW	f		
	Name:			Title:			
	Authority:						
	Date of Ord	er(MM/DD/YY) :	Date Ordered to	Begin (MM/DD	D/YY):		
XV.	FOR EMERG	GENCY RENOVATIONS					
	Date and Ho	our of Emergency (MM/DD/YY) :					
	Description of the Sudden, Unexpected Events:						
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
XVI	XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.						
	Assume & remove						
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)							
	91.00 Alon 3/25/2-11						
***************************************			Signature of O	wner/Operator)	(Date)		
xvn	I CERTIEV	THAT THE ABOVE INFORMATION IS CORRECT.					
AVII	Signature of Owner/Operator) 7/25/2016 (Date)						

NOTIFICATION OF DEMOLITION AND RENOVATION

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TOBE USED: Removal of ACM soil and roof flashing							
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:							
	NYC DEP variance procedure and exterior vertical surface							
XII.	WASTE TRA	NSPORTER #1						
	Name:	WRS, Inc.						
	address:	17 Old Dock Road	1					
	City:	Yaphank	State: NY	Zij		11980		
	Contact:			Te	l: 	631 924 8111		
	WASTE TRA	ANSPORTER #2						
	Name:	:						
	address:							
	City:		State:	Zi	p:			
	Contact:	*		Te	1:	:0		
XIII	. WASTE DIS	POSAL SITE						
	Name:	High Acres						
	address:	425 Perrinton Parkway						
	City:	Fairport	State: NY	Zi	p:	14450		
	Tel:	716 223 6132						
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	Name :	-		Title:		-		
	Authority:							
	Date of Ord	der(MM/DD/YY) :	Date Ordered to	Begin (MM/I	DD/Y	YY):		
XV	XV. FOR EMERGENCY RENOVATIONS							
	Date and H	our of Emergency (MM/DD/YY) :						
	Description of the Sudden, Unexpected Events :							
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
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			Pulled Signature of (F Hos	(X)	3/25/2016 (Date)		
XV	II. I CERTIFY	THAT THE ABOVE INFORMATION IS CORRECT.	Signature of O	Mmn~ wner/Operator)	7/25/2016 /(Date)		

APR 2 1 2016

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